

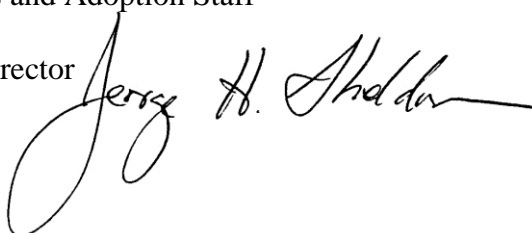
# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## Policy Guide 2016.09

### SECTION 302.410, SUBSIDIZED GUARDIANSHIP PROGRAM (KINGAP) CHANGES TO THE ELIGIBILITY CRITERIA FOR THE STATE FUNDED OPTION OF SUBSIDIZED GUARDIANSHIP

**DATE:** August 24, 2016

**TO:** All DCFS and Private Agency Permanency Workers and Supervisors,  
Adoption Coordinators and Adoption Staff

**FROM:** George H. Sheldon, Director 

**EFFECTIVE:** Immediately

#### I. PURPOSE

The purpose of this Policy Guide is to inform Staff of changes to the eligibility criteria for the State funded option of Subsidized Guardianship. Children who are 12 years of age or older and placed with a licensed or unlicensed relative caregiver shall now also be eligible for the State Funded Option of Subsidized Guardianship. The manner of calculating recurring monthly subsidy payment amounts has not changed.

#### II. PRIMARY USERS

The primary users of this Policy Guide are POS and DCFS permanency workers and supervisors, DCFS and POS adoption workers, coordinators, their supervisors and managers.

#### III. SUMMARY OF CHANGES

Effective immediately the following criteria shall be used when determining eligibility for the state funded option of subsidized guardianship for children for whom the Department is legally responsible;

- A) the child is **12 years** of age or older; and
- B) the child has lived with a **licensed or unlicensed relative caregiver** or licensed non-relative for at least the 6 consecutive month period prior to the establishment of the guardianship and meets the following:
  - i) the child was removed from his or her home pursuant to a voluntary placement agreement or as a result of a judicial determination to the effect that continuation in the home



would be contrary to the welfare and best interest of the child; and

- ii) the child was eligible for foster care maintenance payments while residing for at least 6 consecutive months in the **licensed or unlicensed home of relative or** licensed non-relative home immediately prior to establishing guardianship; and
- iii) the prospective **non-relative** guardian has been a licensed foster parent for at least the consecutive 6 month period immediately prior to the establishment of the guardianship; and
- iv) being returned home or adopted are not appropriate permanency options for the child; and
- v) the child demonstrates a strong attachment to the prospective guardian and the prospective guardian has a strong commitment to caring permanently for the child; and
- vi) the child has been consulted and has agreed to the guardianship arrangement.

**Section 302.410** shall be amended to reflect the above expanded eligibility criteria in the near future.

#### **IV. ATTACHMENTS**

**CFS 1800 A-G**, Subsidized Guardianship Eligibility Determination form (Rev. 8/2016).

#### **V. QUESTIONS**

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP – Mailbox. Non Outlook users may e-mail questions to [cfpolicy@idcfs.state.il.us](mailto:cfpolicy@idcfs.state.il.us).

#### **VI. FILING INSTRUCTIONS**

File this Policy Guide immediately following, Rule 302.410, Subsidized Guardianship Program (KinGap).

State of Illinois  
Department of Children and Family Services

**SUBSIDIZED GUARDIANSHIP  
ELIGIBILITY DETERMINATION**

This form is to be completed by the child's assigned worker and reviewed by the supervisor.

**I. Identifying Data**

Name on Birth Certificate: \_\_\_\_\_ Birth date: \_\_\_\_\_  
LAST FIRST MIDDLE

ID No.: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Date Child Came into Care: \_\_\_\_\_

Date of Placement with Caregiver: \_\_\_\_\_

Is the Department legally responsible for the child? ☐ Yes ☐ No

If yes, enter initial legal date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ County of Jurisdiction \_\_\_\_\_

Docket # \_\_\_\_\_

Have parental rights been terminated? (Please check all that apply)	
<b>Mother:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", How? <input type="checkbox"/> Involuntary Termination _____ Date <input type="checkbox"/> Voluntary Surrender _____ Date <input type="checkbox"/> Specific Consent _____ Date <input type="checkbox"/> Death _____ Date	<b>Father:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", How? <input type="checkbox"/> Involuntary Termination _____ Date <input type="checkbox"/> Voluntary Surrender _____ Date <input type="checkbox"/> Specific Consent _____ Date <input type="checkbox"/> Death _____ Date

**II. Subsidized Guardianship Eligibility Factors (Please check all factors that apply)**

- 1) Was this child removed from his/her home pursuant to a voluntary placement agreement or as a result of a judicial determination to the effect that continuation in the home would be contrary to the welfare and best interest of the child?  
☐ Yes ☐ No
- 2) Was the child eligible for foster care maintenance payments while residing for at least 6 consecutive months in the home of a licensed prospective relative guardian immediately prior to the establishment of the guardianship?  
☐ Yes ☐ No
- 3) Has the prospective relative guardian been a licensed foster parent for at least the consecutive 6 month period that the child has been in his/her home?  
☐ Yes ☐ No
- 4) The permanency goals of return home and adoption have been ruled out for this child and documented in the case record.  
☐ Yes ☐ No

**Child's Birth Name:** \_\_\_\_\_

**Guardian(s) Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- 5) The child has a strong attachment to the potential guardian and the guardian has a strong commitment to the child.

☐ Yes ☐ No

- 6) With respect to a child who has attained 14 years of age, the child has been consulted and the child has agreed to the guardianship arrangement.

☐ Yes ☐ No ☐ N/A

**OR**

- 7) The child is a sibling of an eligible child who is placed with the same relative under a kinship guardianship agreement and the Department and the relative guardian agree that the placement is appropriate.

☐ Yes ☐ No

**OR**

- 8) The child is 12 years of age or older, who has lived with a licensed or unlicensed relative caregiver or a licensed NON-RELATIVE for at least the 6 consecutive month period AND meets the following:

- a) the child was removed from his or her home pursuant to a voluntary placement agreement or as a result of a judicial determination to the effect that continuation in the home would be contrary to the welfare and best interest of the child; and
- b) the child was eligible for foster care maintenance payments while residing for at least 6 consecutive months in the licensed or unlicensed home of relative or licensed non-relative home immediately prior to establishing guardianship; and
- c) the prospective guardian has been a licensed foster parent for at least the consecutive 6 month period immediately prior to the establishment of the guardianship; and
- d) the child demonstrates a strong attachment to the prospective guardian and the prospective guardian has a strong commitment to caring permanently for the child; and
- e) the child has been consulted and has agreed to the guardianship arrangement.

☐ Yes ☐ No

- 9) The parent(s) has consented to the subsidized guardianship arrangement.

☐ Yes ☐ No

- 10) The Department has good cause to seek a private guardian without consent and will give notice of the guardianship hearing.

☐ Yes ☐ No

**IF THE ANSWERS TO SECTION II. #s 1-5 ARE YES AND #6 IS YES OR N/A OR THE ANSWER TO #7 IS YES OR THE ANSWER TO #8 a) THROUGH e) IS YES, THE CHILD IS ELIGIBLE FOR SUBSIDIZED GUARDIANSHIP or IF THE ANSWER TO 8 c) IS "NO," THE CHILD IS ELIGIBLE FOR THE STATE FUNDED OPTION OF SUBSIDIZED GUARDIANSHIP; OTHERWISE, THE CHILD IS NOT ELIGIBLE FOR SUBSIDIZED GUARDIANSHIP.**

**Child's Birth Name:** \_\_\_\_\_

**Guardian(s) Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

11) **Is the child eligible for subsidized guardianship?**

☐ Yes

☐ No

\_\_\_\_\_  
Signature of Worker Completing the Form

\_\_\_\_\_  
Agency

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Worker Completing the Form

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Agency

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Supervisor

\_\_\_\_\_  
Signature of DCFS Adoption Supervisor/Coordinator

\_\_\_\_\_  
Region

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of DCFS Adoption Supervisor/Coordinator

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